

# NHS Pensions – Dependant’s claim form (DCF)

**Use this form to claim:**

* Lump sum on death (life assurance)
* An adult dependant’s pension (family benefits)
* Children’s pension (family benefits)
* An allocated pension

You can use this form to claim pension benefits if you are an eligible dependant of a deceased Scheme member. You could be an adult dependant, for example a legal spouse, civil partner or scheme partner; or the person the member nominated to receive their pension benefits in the event of their death. You can also use this form to apply for benefits on behalf of a child or children who were dependant on the deceased member.

You can find more information in the member guides available on our website: [***www.nhsbsa.nhs.uk/nhs-pensions***](http://www.nhsbsa.nhs.uk/nhs-pensions)

You should not use this form to claim benefits in respect of the death of a pension credit member. Instead use the AW11PC claim form available on our website.

You should not use this form to inform us of the death of a member. More information on how to notify us is available on our website:

***www.nhsbsa.nhs.uk/pensioner-hub/bereavement***

Before completing this form, please read the completion guidance at the back of this form to help you complete it correctly.

You can complete the form electronically or manually using black ink and BLOCK CAPITALS but because we require signatures and original certificates, we ask that you print off all relevant pages and post the form to us at the following address:

Bereavement Team,

NHS Pensions,

PO Box 2268,

Bolton,

BL6 9JS

Please read our survivor’s guide in the bereavement section of our website for more information about life assurance and family benefits:

***www.nhsbsa.nhs.uk/pensioner-hub/bereavement***

# Part 1 – About the deceased scheme member (complete in all cases)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Membership number | SD | |  |  | / |  |  |  |  |  |  |
| (if known) |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance number |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| Title (Mr, Mrs, Miss, Dr, MX) |  | | | | | | | | | |
|  | | | | | | | | | | |
| Surname |  | | | | | | | | | |
|  | | | | | | | | | | |
| Former surname (if applicable) |  | | | | | | | | | |
|  | | | | | | | | | | |
| Other names |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth |  |  | / |  |  | / |  |  |  |  |
|  |
| Date of marriage or |  |  | / |  |  | / |  |  |  |  |
| registered civil partnership  (if applicable) |

|  |  |  |
| --- | --- | --- |
| Marital status | single | married |
|  | |
| registeredcivil partnership | widowed |
|  | |
| divorced or dissolved civil partnership | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of death |  |  | / |  |  | / |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Have you used the ‘Tell us once’ service? | Yes | No |

# Part 2 – About you the claimant (complete in all cases)

|  |  |  |
| --- | --- | --- |
| What was your relationship to the person who has died? | spouse | civil partner |
|  | |
| scheme partner | dependant child |
|  | |
| legal personal representative | solicitor |
|  |  |
| other |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company name (if relevant) |  | | | |
|  | | | | |
| Title (Mr, Mrs, Miss, Dr, MX) |  | | | |
|  | | | | |
| Surname |  | | | |
|  | | | | |
| Other names |  | | | |
|  | | | | |
| Address |  | | | |
| Post code |  |  | | |
|  |  | | | |
| Telephone number |  | | | |
|  |  | | | |
| Email address |  | | | |
|  | | | | |
| If we require further information regarding your claim, how would you prefer to be contacted? | | | | |
|  | telephone | | email | letter |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your bank or building society account details:**  (your own, joint with someone else or solicitor’s account) | | | | | | | | | | | | | |
| This can be within the U.K. Channel Isles or the Isle of Man (leave blank if not applicable). | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Name of account holder |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Name of your bank or |  | | | | | | | | | | | | |
| building society | | | | | | | | | | | | | |
| Address of bank or building society |  | | | | | | | | | | | | |
| Post code |  | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
| Branch sort code |  |  | - |  |  | | - |  | |  | |
|  | | | | | | | | | | | | | |
| Your account number |  |  |  |  |  | |  |  |  | |  | |
|  | | | | | | | | | | | | | |
| and/or Roll number |  | | | | | | | | | | | | |

**For overseas bank accounts only**

(leave blank if not applicable)

|  |  |
| --- | --- |
| If your bank is outside of the UK, please tell us which country | |
| the pension will be paid to |  |

|  |  |
| --- | --- |
| I have included the mandate for payment to an overseas bank and attached it to this application form |  |

**Tell us what benefits you are claiming**

We suggest you refer to the ‘completion guidance’ and ‘Survivors guide’ to check entitlement before continuing.

|  |  |  |
| --- | --- | --- |
| What are you claiming?  (Select all that apply) | Lump sum on death | Children’s pension |
|  | |
| Adult dependant’s pension | Allocated pension |
|

# Part 3 – Claim for an adult dependant’s pension (if applicable)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Can you claim for an adult  dependant’s pension? | yes – **provide details below** | | | | | | | | | | | |
| no – **continue to Part 4** | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Title (Mr, Mrs, Miss, Dr, MX) |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Other names |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Date of birth |  |  | / |  |  | | / |  |  |  |  |
|  | | | | | | | | | | | | |
| National Insurance No. |  |  |  |  |  | |  |  |  |  |
|  |  | | | | | | | | | | | |
| Address |  | | | | | | | | | | | |
| Post code |  | | | | |  | | | | | | |

|  |  |
| --- | --- |
| What was your relationship  to the deceased | legally married spouse – **continue to Part 4** |
| registered civil partner – **continue to Part 4** |
| qualifying scheme partner – **provide details below** |

**For scheme partners only**

To qualify for a scheme partner pension all the following conditions must be satisfied at the date of the member’s death and have existed for a continuous period of at least two years:

|  |  |  |
| --- | --- | --- |
| Up until the date of death, had you and the deceased lived together in an exclusive continuous relationship as if you were married or in a civil partnership for at least two years? | yes | no |
|  | | |
| Were you and the deceased both legally free to marry or enter into a civil partnership during the relationship? | yes | no |
|  | | |
| Were you and the deceased both financially interdependent or were you financially dependant on the deceased? | yes | no |
|  | | |
| There was only you and the deceased living together as if in a marriage or civil partnership during the relationship? | yes | no |

Under ‘Part 5 Essential document checklist’ you will also be asked to confirm you have provided supporting evidence of the relationship and dependency with the deceased.

An adult dependant’s pension may not be payable to you if you have answered ‘no’ to any of the above conditions.

# Part 4 – Claim for children’s pension (if applicable)

Before you tell us about children you wish to make a claim for, please complete this section about possible other dependant children (for example; from a previous relationship).

**Other dependant children** (that you are not claiming for)

|  |  |
| --- | --- |
| Do you know of any  other dependant children | yes – **provide details below** |
|  |
| no/not aware – **continue to the next page** |

**Other dependant children details**

Please provide as much detail as you can.

Name and address of the person who has care of these children, or the children if they look after themselves.

|  |  |  |
| --- | --- | --- |
| Title (Mr, Mrs, Miss, Dr, MX) |  | |
|  | | |
| Surname |  | |
|  | | |
| Other names |  | |
|  | | |
| Full postal address |  | |
| Post code |  |  |

Use this space to name any additional children or other detail which may be useful to us.

|  |
| --- |
|  |

**Making a claim for children’s pension**

|  |  |  |  |
| --- | --- | --- | --- |
| Can you claim  for someone? | yes - **provide details below** | | |
|  | | |
| no - **continue to Part 5** | | |
|  | | | |
| This form can be used for up to two dependant children. Print additional pages for multiple children and number each child here. | | **Child No.** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Other names |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Date of birth |  |  | / |  |  | / |  |  |  |  |  | | |
|  | | | | | | | | | | | | | | |
| Relationship to deceased |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Is the dependant living with the claimant? | | | | | | | | | | | | yes | no | |
|  | | | | | | | | | | | | | | |

If the dependant is not living with claimant, please state the reason why (for example; at college/university or a hospital/institution).

|  |
| --- |
|  |

Dependant’s address if they are not living with the claimant.

|  |  |  |
| --- | --- | --- |
| Address |  | |
| Post code |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is the dependant incapacitated? | | | | | | | | | | | yes | | no |
|  | | | | | | | | | | | | | |
| If yes, please state the date their incapacity began: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Date their incapacity began |  |  | / |  |  | / |  |  |  |  | |
|

**Dependants aged 17 or over and in full time education**

(Only complete this section if the deceased Scheme membership ended before 1 April 2008)

Confirm the details below of education or vocational training from attaining the age of 17. (Attach a separate sheet if necessary)

|  |  |
| --- | --- |
| Place of education or training |  |

|  |  |  |
| --- | --- | --- |
| Continued child information | **Child No.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student reference number |  | | | |
|  | | | | |
| Name of course |  | | | |
|  | | | | |
| Date expected to finish |  | | | |
|  | | | | |
| Address |  | | | |
| Post code |  |  | | |
|  | | | | |
| Are they in paid vocational training? | | | yes | no |

|  |  |  |
| --- | --- | --- |
| If yes, amount paid per year | £ |  |
|

**Payment information**

To be completed in all cases when you want the payment to be paid directly to the child or when claiming a child pension in your own right

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of account holder |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Full name and address of your bank or building society |  | | | | | | | | | | | |
| Post code |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Branch sort code |  |  | - |  |  | - |  | |  | |
|  | | | | | | | | | | | | |
| Account Number |  |  |  |  |  |  |  |  | |  | |
|  | | | | | | | | | | | | |
| and/or Roll No |  | | | | | | | | | | | |

**For overseas bank accounts only** (leave blank if not applicable)

|  |  |
| --- | --- |
| If your bank is outside of the UK, please tell us which country | |
| the pension will be paid to |  |

|  |  |
| --- | --- |
| I have included the mandate for payment to an overseas bank and attached it to this application form |  |

**Making a claim for dependant children**

|  |  |  |  |
| --- | --- | --- | --- |
| Can you claim  for someone? | yes - **provide details below** | | |
|  | | |
| no - **continue to Part 5** | | |
|  | | | |
| This form can be used for up to two dependant children.  Print additional pages for multiple children and number each child here. | | **Child No.** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Other names |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Date of birth |  |  | / |  |  | / |  |  |  |  |  | | |
|  | | | | | | | | | | | | | | |
| Relationship to deceased |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Is the dependant living with the claimant? | | | | | | | | | | | | yes | no | |
|  | | | | | | | | | | | | | | |

If the dependant is not living with claimant, please state the reason why (for example; at college/university or a hospital/institution).

|  |
| --- |
|  |

Dependant’s address if they are not living with the claimant.

|  |  |  |
| --- | --- | --- |
| Address |  | |
| Post code |  |  |

|  |  |  |
| --- | --- | --- |
| Is the dependant incapacitated? | yes | no |
|  | | |
| If yes, please state the date their incapacity began: | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date their incapacity began |  |  | / |  |  | / |  |  |  |  |
|

**Dependants aged 17 or over and in full time education**

(Only complete this section if the deceased member’s Scheme membership ended before 1 April 2008)

Confirm the details below of education or vocational training from attaining the age of 17. (Attach a separate sheet if necessary)

|  |  |
| --- | --- |
| Place of education  or training |  |

|  |  |  |
| --- | --- | --- |
| Continued child information | **Child No.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student reference number |  | | | |
|  | | | | |
| Name of course |  | | | |
|  | | | | |
| Date expected to finish |  | | | |
|  | | | | |
| Full postal address |  | | | |
| Post code |  |  | | |
|  | | | | |
| Are they in paid vocational training? | | | yes | no |

|  |  |
| --- | --- |
| If yes, amount paid per year | £ |
|

**Payment information**

To be completed in all cases when you want the payment to be paid directly to the child or when claiming a child pension in your own right.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of account holder |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Full name and address of your bank or building society |  | | | | | | | | | | | |
| Post code |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Branch sort code |  |  | - |  |  | - |  | |  | |
|  | | | | | | | | | | | | |
| Account Number |  |  |  |  |  |  |  |  | |  | |
|  | | | | | | | | | | | | |
| and/or Roll No |  | | | | | | | | | | | |

**For overseas bank accounts only** (leave blank if not applicable)

|  |  |
| --- | --- |
| If your bank is outside of the UK, please tell us which country | |
| the pension will be paid to |  |

|  |  |
| --- | --- |
| I have included the mandate for payment to an overseas bank and attached it | |
| to this application form |  |

# Part 5 – Essential document checklist (complete in all cases)

Complete this checklist to show what documentation you are sending to us.

All documents must be an original or certified copy (photocopies cannot be accepted).

Read the ‘Completion Guidance’ for additional help about what you need to include.

|  |  |  |
| --- | --- | --- |
| **Claim type** | **Required documents** | **** |
| Required for all claim types | **Death certificate**  Required for all claim types. Only leave unchecked if you have confirmed you have used ‘Tell us once’. |  |
| **Birth certificate of deceased**  Required for all claim types. Only leave unchecked if the deceased was in receipt of an NHS Pension. |  |
| Adult dependant’s pension, allocation  and nomination claims | **Birth certificate of claimant**  (if claiming one or more of these benefits) |  |
| Married/civil partnership  claim for an adult dependant’s pension  (if applicable) | **Marriage certificate**  (for a surviving spouse) |  |
| **Civil partnership certificate**  (for a surviving civil partner) |  |
| **Marriage/civil partnership outside the U.K.**  (see guidance for additional document requirements) |  |
| Scheme partner  claim for an adult dependant’s pension  (if applicable) | **Scheme partner proof of interdependency/financial dependency**  (at least two forms of proof to include one at date of death and another at least 2-years prior to this date) |  |
| **Scheme partner decree absolute**  (from the previous marriage where applicable) |  |
| **Scheme partner dissolution certificate**  (from the previous civil partnership where applicable) |  |
| **Scheme partner former spouse/civil partner death certificate**  (where applicable) |  |
| **Deceased Decree absolute**  (if they had previously been divorced) |  |
| **Deceased Dissolution certificate**  (if they had previously had a dissolved civil partnership) |  |
| **Deceased former spouse/civil partner death certificate** (if the deceased member was widowed) |  |
| Claim for a children’s pension  (if applicable) | **Birth certificate for child**  (include one for each eligible child) |  |
| **Child’s medical certificates/doctors letter**  (where dependant is incapable of earning a living due to a permanent physical or mental impairment at the time of the deceased member’s death) |  |
| Overseas bank accounts  (if applicable) | **Overseas bank mandate form**  (include for each claim to an overseas bank account) |  |

# Part 6 - Declaration

(complete in all cases)

Please sign this declaration in the presence of a witness.

In the United Kingdom anyone may witness for you if they are registered as a voter.

Outside of the United Kingdom the declaration may be witnessed by one of the persons listed on page 12.

|  |  |
| --- | --- |
| I declare that: | **** |
| I have read and used the Completion guidance to complete this application form and am aware of the additional guidance in the ‘Survivor’s Guide’. |  |
| I have enclosed all the necessary documents listed in ‘Part 5’ and if not, I have attached a separate letter to explain the reason. |  |
| I understand that I must inform you about any changes that may affect entitlement to a lump sum on death, adult dependant’s pension and children’s pension  (where applicable). |  |
| I am entitled to make a claim for these benefits from the NHS Pension Scheme. |  |
| Where applicable, I understand that any overpayment of the deceased’s NHS pension or associated life assurance and family benefits, will need to be repaid. |  |
| To the best of my knowledge, all the information I have provided is correct. |  |
| Where applicable, I understand any children named in ‘Part 4’ were financially dependent on the deceased at date of death and the children’s pension provided will be used for the benefit of those named. |  |
| Where applicable; if I become aware of any additional children, I will notify the scheme administrator as soon as possible to help avoid an overpayment. |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signature |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Print name |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Date |  |  | / |  |  | / |  |  |  |  |  |

Ask your witness to sign and complete the section below on the same day as you sign.

**Witness**

I certify that the above declaration was signed in my presence by the applicant, whom I believe to be the person named (see below for who can witness).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Witness signature |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Print your name |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Date |  |  | / |  |  | | / |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | |
| Post code |  | | | | |  | | | | | | | |

|  |  |
| --- | --- |
| If you are registered in the United Kingdom (U.K.) as a parliamentary elector, check this box |  |

Persons who may witness - a person who is registered to vote in the UK may witness in any part of the world. Outside of the UK, the declaration may also be witnessed by one of the following persons:

• A registered United Kingdom voter.

• A listed or retired officer of the armed forces.

* A permanent or retired civil servant of any country in the Commonwealth or Irish Republic.
* A member of HM diplomatic service

• An authorised bank official.

• A doctor or surgeon registered where the declaration is made.

• A minister of religion.

• A merchant ship master who is a British subject.

• A Commonwealth or Irish university graduate.

• A magistrate.

• A barrister, solicitor or advocate authorised to practise where this declaration is made.

• A Notary Public or other person qualified to administer oaths where this declaration is made.

• A registered voter in the Crown dependendcies of Jersey, Guernsey and the Isle of Man

* **In the Channel Islands**: a registered Channel Island voter.

• **In the Isle of Man**: a registered Isle of Man voter.

If you are witnessing outside the U.K. and you are not a U.K. voter, please write your qualification in the box from the list above.

|  |
| --- |
|  |

Please return the completed form to us, along with the essential documentation we have asked for.

**Part 7 - Completion guidance**

You may not need to complete all parts of the form. Guidance is listed in the same order as the sections within the application form.

The table below shows the pages you may or may not need to print and send to us.

|  |  |  |  |
| --- | --- | --- | --- |
| **Part** | **Description** | **Required** | **Pages** |
| 1 – About the deceased | Details of the person who has died | **You must complete and print** | Page 1-2 |
| 2 – About you | Details about you the claimant | **You must complete and print** | Page 2-3 |
| 3 – Adult dependant’s pension | Details of an eligible partner if applicable. | Only if applicable | Page 4 |
| 4 – Other dependant children | Details of additional dependant children if applicable and known. | Only if applicable | Page 5 |
| 4 – Children’s pension | Details of dependant children if applicable. Please print extra pages for multiple children. | Only if applicable | Pages 6-9 |
| 5 – Essential documents checklist | To help you check that you have completed all relevant sections and enclosed the correct documentation. | **You must complete and print** | Page 10 |
| 6 – Declaration | Declarations and signatures. You should ignore the child signature if you are not requesting payment to the child’s bank. | **You must complete and print** | Pages 11-12 |
| 7 - Completion guidance | Supporting information on how to complete the form. | You do not need to print | Pages 13-23 |

**Completion guidance for Part 1 – About the deceased scheme member**

We require this information to enable us to identify the deceased member record and help establish what benefits are payable.

**Membership number** - is our reference number that can be located on any letters the deceased may have received from us. It starts with SD followed by eight digits. If you are unable to find it, we can usually find a record from the other information that we ask you for.

**National Insurance (NI) number** – you can find a person’s NI number on payslips, P60 forms or other tax letters.

**Tell us once service** – This is a government service that lets you report a death to most government organisations in one go. NHS Pensions is part of the arrangement so if you used this service, we will be informed of the death and you do not need to send us the death certificate. If not, then you will need to check the ‘no’ box and send us the death certificate.

All other personal information about the deceased can be obtained from birth, marriage, civil partner and death certificates if unsure of exact details.

**Completion guidance for Part 2 – About you (the claimant)**

We require this information to establish who you are and your relationship to the deceased.

**Your relationship to the deceased** – only select spouse if legally married or civil partner if a registered civil partnership certificate is held. Scheme partner is explained in ‘Part 3’ of the guidance.

A child may complete this application as a dependant of the deceased if no parent or guardian remains, they are acting for themselves and they are eligible for a children’s pension.

A Legal Personal Representative is the person or persons entitled to deal with the deceased members’ estate. This includes executors and administrators of the estate. A solicitor or other organisation may act as the legal personal representative.

A person or organisation may also help a claimant complete this form, but we must still have the authorised signature of the actual claimant.

Select ‘other’ if your relationship to the deceased is not covered above. For example; you are a person or organisation nominated to receive the lump sum on death or an allocated pension only.

**Company name** – This is only required for a solicitor or other financial organisation.

**Contact preference** - show your preference if you have one. We aim to contact you using your preferred selection wherever possible.

**Bank details** –your nominated bank account for us to pay the benefits to. Please check the details provided are correct. This includes the U.K. Channel Isles and the Isle of Man but if this does not apply to you or the claimant, leave blank and refer to the ‘overseas bank details’ instead.

**Overseas bank details** – leave blank if not applicable.

Complete this section instead if the chosen bank is not in the U.K. Channel Isles or the Isle of Man.

If applicable, you need to check if the bank resides in a country we can pay benefits to. If it isn’t listed, you will need to open an account in a country that is accepted and make your own arrangements to transfer funds to the chosen bank. Make sure they can accept electronic transfers.

Complete the overseas bank form details and then print, complete and attach the overseas mandate form to this application.

For bereavement purposes the list of countries we can make payment to and the overseas mandate forms are the same as for members applying for a retirement pension. This list of acceptable countries can be found in the ‘Retirement Guide’ which is in the ‘Applying for my pension’ section of our website along with the overseas mandates: www.nhsbsa.nhs.uk/member-hub/applying-your-pension. A ‘Bank payments overseas factsheet’ is also available in the same location.

We will pay the pension by direct credit into your bank or building society account. This is the safest method of payment. We cannot pay to mortgage accounts or to National Savings bank accounts.

**Tell us what benefits you are claiming** – this is useful to us to check that you have provided all the correct parts of the form.

Read the ‘Survivor’s guide’ for a full description of what a lump sum on death, adult dependant’s pension, children’s pension and allocated pension is.

**Lump sum on death (life assurance)**

There is no specific section for you to complete to claim the lump sum on death, just complete the form where indicated and where relevant. We will contact you if we do need additional information.

A lump sum on death benefit may be paid if a member dies before retiring or within five years of their retirement. If payable, NHS Pensions must inform the legal personal representative of any lump sum on death paid. This is because the lump sum may be subject to a lifetime allowance charge .

Lifetime allowance is the total benefits you can build up from all registered pension schemes without incurring a tax charge.

The liability to pay any tax charge lies with the person or organisation receiving the lump sum.

NHS Pensions must also inform the legal personal representative of the following information within three months of the final payment:

* the amount and date of any lump sum paid in respect of the member
* the percentage of the standard lifetime allowance used by any lump sum in respect of the member

The legal personal representative is the person responsible for administering the estate of the deceased. This is a wide definition and does not have to be a formal appointment – the surviving spouse/civil partner/scheme partner is not necessarily the legal personal representative.

Any adult dependant’s pension does not form part of the member’s lifetime allowance.

Do not delay the claim as the lump sum on death must be paid within two years of the date upon which the Scheme Administrator was first notified of the member’s death otherwise it will be subject to a HM Revenue & Customs (HMRC) tax change of up to 45%. NHS Pensions has no discretion and must deduct this tax charge from the lump sum payment.

**Death benefit nomination** - the deceased may have completed a ‘death benefit nomination (DB2) form to nominate someone to receive a lump sum on death benefit. This form can be used by nominees to make a claim. If unaware of the nomination, we will issue a separate claim form for each nominee if applicable. If a nomination has been made, you should still complete this form to claim any adult dependant’s pension, children’s pension or allocated pension benefits.

**Completion guidance for Part 3 – Claim for adult dependant’s pension**

Optional section where relevant.

**Can you claim for an adult dependant’s pension?**

Only complete if the claimant is a legally married spouse, civil partner or eligible scheme partner. If not, continue to Part 4 of the form.

If relevant, complete the claimant personal details and check one of the boxes to confirm the marital status.

**\*What is a Scheme partner?**

For NHS Pension purposes a partner who is not legally married or in a civil partnership may be eligible to be a ‘scheme partner’ if they had been living with the deceased member in an exclusive relationship of at least two years at the date of death.

The following criteria must also be met by both the deceased and scheme partner at date of death:

* the scheme partner had been living together with the deceased member as if they were husband and wife or civil partners
* both partners would not have been prevented from marrying or entering into a civil partnership
* both partners were interdependent on each other or the scheme partner was financially dependant on the deceased member
* neither partner was living with a third person as if they were husband and wife or civil partners

The deceased member must have pensionable scheme membership on or after 1 April 2008 for an adult dependant’s pension to be considered for a scheme partner.

The deceased may have completed the partner nomination (PN1) form to inform us of their eligible scheme partner.

**Scheme partners only** – use the information above to help you answer the additional questions. We will ask you to provide documentary evidence to support your claim if applicable. If you cannot answer ‘yes’ to all questions, an adult dependant’s pension is not payable.

**Marriage or civil partnerships only**

An adult dependant’s pension may not be payable if the deceased member’s last day of service was before 1 April 2008 (deferred member) but the legally married spouse or civil partner claimant was living with someone else at date of death. This does not apply where membership was on 1 April 2008 or later.

**For all types of relationship**

If scheme membership is extended to or beyond 1 April 2008, an adult dependant’s pension is payable for life regardless of whether the recipient remarries, forms a civil partnership or lives with someone else as a spouse or partner. Where membership ended before 1 April 2008, an adult dependant’s pension will normally end if the recipient remarries, forms a civil partnership or lives with someone else as a spouse or partner. However, the pension may be reinstated if the withdrawal of it causes severe financial hardship.

An adult dependant’s pension does not form part of the member’s estate and cannot be transferred to anyone else.

See the ‘essential document checklist’ in Part 5 to see what supportive documents and certificates we require.

**Completion guidance for Part 4 – Claim for Children’s pension**

Optional section where relevant.

This section includes ‘other dependant children’ and making a claim for a children’s pension.

**Other dependant children** – this relates to children that may have been dependant on the deceased that you as claimant do not have guardianship for, but they may still be entitled to a share of the total child pension. For example, a child or children from a previous relationship. As a children’s pension is paid equally to all eligible children, it is very important to include them all at the time of application in order to avoid an overpayment having occurred at a later date. If an overpayment does occur, we will write to you to confirm the revised amount and ask for any overpaid pension to be paid back.

If applicable, provide as much detail as you can, and we will make the necessary enquiries.

See under ‘essential document checklist’ in Part 5 to see what supportive documents and certificates we require.

**Making a claim for a children’s pension**

Read the criteria below to see if you can apply. If not, continue to Part 5 of the form.

If you can apply, complete the personal details of each child on the form.

**What if I have more than two dependant children?**

For more than two children, you can copy or print off additional children’s pension forms (pages 8-9).

If completing the form electronically, you can print off just the pages for ‘child 2’ and then overwrite the information for ‘child 3’ before continuing with the application. Repeat the process for any additional children. Number each separate child application where indicated on both pages to help avoid them being mixed up and insert any additional children’s forms when sending us the completed application form.

**Guidance for all applications**

If there are any dependent children, a children’s pension may be payable. A children’s pension can also include a number of other possible child dependents, not just the member’s own children. We can pay a pension to anyone who has care of the children, or directly to a child’s own bank account if they look after themselves.

A child can include:

* biological children;
* stepchildren of the member by marriage or civil partnership, formed before the member’s last day of pensionable employment;
* children of the member’s surviving scheme partner, for partnership’s formed before the member’s last day of pensionable employment;
* children legally adopted by the member, before the member’s last day of pensionable employment;
* children the member had intended to legally adopt, before leaving pensionable employment;
* a brother, sister, nephew or niece of the member, or of their spouse, civil partner or scheme partner;
* a grandchild of the member;
* a half-brother, half-sister, stepbrother or stepsister of you, your spouse, civil partner or scheme partner;
* children born before and within 12 months of the date the member left the Scheme.

Where Scheme membership ended on or after 1 April 2008 you can claim a children's pension for anyone who:

* was dependent on the person who has died, both when membership ended and on the date of death, and;
* is under age 23 at the time of the member's death, or;
* is aged 23 or over but has been permanently incapable of earning their own living because of a physical or mental impairment from which they were suffering at the date of the member's death.

Where Scheme membership ended before 1 April 2008 you can claim a children's pension for anyone who:

* was dependent on the person who has died, both when membership ended and on the date of death, and;
* is under age 17, or;
* is 17 or over and in full time education or training and has been so continuously since the age of 17, until they reach a maximum age of 23\*, or;
* is incapable of earning a living due to permanent physical or mental infirmity from which they were suffering at the time the member died;
* is under age 23 at the time of the member's death and they are permanently incapable of earning their own living because of a physical or mental impairment from which they started to suffer after they first qualified for a pension\*\*

\* If the member became entitled to their benefits, or died before 6 April 2006, the maximum age limit of 23 does not apply.

\*\* If the member became entitled to their benefits, or died before 6 April 2006, the maximum age limit of 23 does not apply.

See guidance regarding bank details and overseas accounts in Part 2.

**Completion guidance for Part 5 – Document checklist**

A checklist of all the essential documentation that you need to provide. Please check all that apply or leave blank if questions do not apply.

We understand that certificates are valuable and are often required for other purposes at the time of a bereavement. We return all original documents by Royal Mail ‘Signed for’ or international ‘signed for’ if overseas.

All documents must be an original or certified copy, photocopies cannot be accepted.

Any certified copies must be certified by a professional person. This can include for example by a bank or building society official, councillor, minister of religion, dentist, chartered accountant, solicitor or notary, teacher or lecturer.

The person should not be related to you, living at the same address or in a relationship with you.

The person who certifies the document must write on the copy: “certified to be a true copy of the original seen by me”.

They must sign and date the copy, print their name under the signature and include their occupation, address and telephone number. Certified copies are not returned to you unless you specifically ask for them to be.

Where applicable an English translation of any certificate/document should be provided by you.

We will need to see an original Power of Attorney or Court Protection Order where one is applicable.

Do not send the Will, any Grant of Probate, or Letters of Administration with this application form, unless we have specifically asked for them. We will normally write to you separately if they are required.

The checklist is useful for you to check what certificates or other documentary evidence you need to obtain and for us to check we have received everything we need to process your claim.

**Required for all claim types** – We need to see the death and birth certificate of the deceased for all claim types. The only time we do not need to see these and you should not check the two checklist questions is if we have already been informed. For example:

* when you have already used the government’s ‘tell us once’ service which will notify us of the death
* if the deceased was an NHS pensioner, as we will already hold a verified date of birth for them
* if you have already sent these certificates to us. You can use our helpline to check

If you do not currently have the death certificate, we can accept:

* an interim death certificate
* a fact of death
* an extract of death

We are unable to accept a death certificate verification form produced by some solicitors.

**Adult dependant’s pension, allocation and nominations claims** – We need to see the birth certificate of anyone claiming an adult dependant’s pension, allocated pension or lump sum on death paid to a nominee.

**Claim for an adult dependant’s pension**

This section is split into married/civil partnership applications and scheme partner applications.

We require sight of various certificates and supporting documents depending on the type of relationship you had with the deceased.

If you were legally married or in a civil partnership we will require sight of the marriage or civil partnership certificate.

**Marriage/civil partnership outside the U.K. only**

We need to see an official document to verify that you were legally married or in a civil partnership with the deceased. If you cannot provide a valid marriage or civil partnership certificate, we can accept:

* A legally sworn affidavit, or other legal document or statement of facts, that confirms your marital status. This is a written statement that is usually signed in the presence of a solicitor.
* Home Office documents, such as any showing your marital status when you entered the U.K.
* Visa documents.
* Documents to show payment of any Department for Work and Pension (DWP) marriage/civil partnership related benefits, for example bereavement support payment.
* Passport that shows you are the spouse/civil partner

**Scheme partner only - proof of financial interdependency**

You will need to provide at least two forms of supporting documentation (no photocopies) from the list below:

* confirmation you have lived in a shared household
* confirmation of shared household expenditure i.e. water rates, land line telephone (not mobiles), gas, electric, council tax, TV license, house/car insurance in joint names or individual names at the same address
* shared bank accounts or investments
* a loan or mortgage in joint names (for the property you live in together) joint tenancy agreement if you lived in rented accommodation
* valid wills naming each other as the main beneficiary
* a mutual power of attorney
* your partner being nominated as the main beneficiary of any other life assurance

One of these pieces of financial evidence should be dated within the months leading up to the member’s death and one should be dated on or around the date that is two years before the date of death.

If you do not have paper copies of any documents for the required timeframes, you may be able to request these from your utility provider or other organisation. If this is not possible, you should provide as much information as you can that proves you and the deceased were living together in an exclusive relationship to meet the criteria mentioned at Part 3.

**Scheme partner only - proof of marital status**

To help establish the eligibility criteria is met to be accepted as a scheme partner, you will need to confirm both yours and the deceased’s marital status for the two years leading up to the date of death. To do this we need the following certificates for both of you where applicable:

* Decree Absolute – if either of you had previously been divorced from a previous spouse
* Dissolution certificate – if either of you had previously held a civil partnership
* Death certificate – if either of you had previously been widowed from a marriage/civil partnership
* Single – we only require the proof of interdependency documents mentioned above

The checklist asks for the relevant past relationship certificates and then the deceased’s where relevant.

**Children’s pension** – where applicable we need to see:

* birth certificate for each child you are claiming for
* medical certificates if applicable where you are claiming for anyone who is unable to earn a living due to physical or mental impairment. These must be medical certificates or a doctor’s letter that explains the condition (not a sick note).

See further details under ‘Part 4’.

**Overseas bank accounts** – for payment of the life assurance, adult or child dependant’s pension being paid outside of the U.K. we require the relevant overseas mandate completing and attaching to the application form. See Part 2 for more information.

We can only process your claim once all relevant information and essential documentation has been received.

**Completion guidance for Part 6 - Declaration**

Required information to help validate your claim.

**Declarations** - read these in full before checking all boxes. Some may not appear to be relevant to you, but you should check all boxes to show your understanding.

**Claimant signature** - sign and date the form in front of your witness.

**Witness signature** – your witness must sign and complete their part on the same day as you.

Anyone can be your witness if they are registered to vote within the U.K. They should check the box if applicable.

If outside of the U.K., your witness should be someone from the list of acceptable persons on the form. They should additionally add their qualifications in the box provided.

**Completion guidance – General information**

**Trivial Commutation**

It may be possible to convert an adult dependant’s pension to a one off

Payment. This is known as trivial commutation. Her Majesty’s Revenue and Customs

(HMRC) rules only allow this if the gross trivial commutation amount does not

exceed the current commutation limit £30,000.

The current procedure for assessing whether NHS Pension Scheme benefits can be trivially commuted is as follows:

When a continuing adult dependant’s pension is first put into payment, and it is less than £260 a year it will automatically be converted to a one off payment (known as trivial commutation). You are not offered a choice.

Where a continuing adult dependant’s pension is £260 a year or more, the pension will be paid as a monthly pension, unless you ask for the continuing pension to be trivially commuted. If interested, you need to attach a letter to this application or write to us separately if applying at a later date.

More information is available in our Survivor’s guide and in a dedicated factsheet on our website www.nhsbsa.nhs.uk/nhs-pensions.

**Allocation**

For those members who were already in receipt of an NHS pension at date of death, they would have had the option to give up part of their own pension in order to provide a pension for a dependant of their choice. This is called allocation. It is in addition to and should not be confused with the adult survivor pension detailed above.

Our records will indicate if an allocation pension has been arranged and who it is payable to where applicable. This will be put into payment if we have all the details we need in this application but if not, we may need to contact the person to confirm payment details.

**Money Purchase Additional Voluntary Contributions (MPAVC)**

If the deceased had a MPAVC contract, send a copy of the death certificate to their NHS MPAVC provider. The NHS MPAVC provider can only make payment of any MPAVC benefit once NHS Pension Scheme benefits have been paid. The address to contact is provided in the Member Guides on our website www.nhsbsa.nhs.uk/nhs-pensions

**Changes you should tell us about** (in all cases were relevant)

You should tell us immediately if:

* you change your address
* your bank or building society account details change
* you remarry, form a civil partnership or start living with someone as their spouse\*
* you become aware of any other dependent children who may be entitled to a share of the total children’s pension
* a child ceases full time education or a training course\*\*
* a child reaches age 23\*\*\*
* a child is admitted to hospital or other institution for a period exceeding one month
* a child moves out of the family home and wishes to claim the pension in their own
* right
* a child moves out of the family home and lives with a new guardian

\*Applicable if you became entitled to an adult dependant’s pension following the death of a member who retired, or whose scheme membership ceased, before 1 April 2008.

\*\*Applicable if you became entitled to a children’s pension, in respect of a member whose pensionable employment ceased before 1 April 2008.

\*\*\* Applicable if you became entitled to a children’s pension, or the member became entitled to their pension after 5 April 2006, in respect of a member whose pensionable employment ceased before 1 April 2008.

You will be asked to repay any overpaid benefits to us.

You may also wish to provide someone with our contact details so that in the event of your death, we can be informed accordingly.

U.K. telephone: 0345 121 2522

from abroad: +44 191 283 0303

Our contact centre is open 8am to 6pm Monday to Friday.

Email address: nhsbsa.pensionsmember@nhsbsa.nhs.uk

Postal address; NHS Pensions, PO Box 2268, Bolton, BL6 9JR